

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Request for Miscellaneous Determination

Under Section 507, 509(a), 4940, 4942, 4945, and
6033 of the Internal Revenue Code

OMB No. XXXX-XXXX

Use the instructions to complete this form. **A User Fee must be attached to this form, if required.** For user fee information or additional help, visit our website at www.irs.gov/eo or call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. If the required information and documents are not submitted with payment of the appropriate user fee, the form may be returned to you.

Part I Identification of Organization

1a Full Name of Organization			
b Mailing Address (Number and Street)		c Room/Suite	d City, State, Zip Code + 4
2 Employer Identification Number	3 Month Tax Year Ends (MM)	4 Person to Contact if More Information is Needed	
5 Contact Telephone Number		6 Fax Number (Optional)	7 User Fee Submitted

Part II Type of Request

- 8** Please select the item(s) below that best describe your request. Using an attachment, provide a detailed explanation of your request. Be sure to include the organization's name and EIN on each additional sheet.
- a** ☐ Advance approval of certain set-asides described in section 4942(g)(2)
 - b** ☐ Advance approval of voter registration activities described in section 4945(f)
 - c** ☐ Advance approval of scholarship procedures described in section 4945(g)
 - d** ☐ Exemption from Form 990 filing requirements
 - e** ☐ Advance approval that a potential grant or contribution constitutes an "unusual grant"
 - f** ☐ Change in Type (or initial determination of Type) of a section 509(a)(3) organization
 - g** ☐ Reclassification of foundation status, including a voluntary request from a public charity for private foundation status
 - h** ☐ Termination of private foundation status under section 507(b)(1)(B)—advance ruling request
 - i** ☐ Termination of private foundation status under section 507(b)(1)(B)—60-month period ended

Under penalties of perjury, I declare that I have examined this application, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

**Please
Sign
Here**



(Signature of Officer, Director, Trustee or other
authorized official.)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)